



PTO/SB/122 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |                      |                        |
|---|----------------------|------------------------|
| <b>CHANGE OF<br/>CORRESPONDENCE ADDRESS<br/>Application</b><br><br>Address to: Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 | Application Number   | 10/572,554-Conf. #5079 |
|   | Filing Date          | March 17, 2006         |
|   | First Named Inventor | Naomasa Oka            |
|   | Art Unit             | 2826                   |
|   | Examiner Name        | Pert, Evan T.          |
|   | Attorney Docket No.  | 80086(302721)          |

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number:

OR

|  |  |       |  |       |  |
|--|--|-------|--|-------|--|
| <input type="checkbox"/> Firm or Individual Name |  |       |  |       |  |
| Address  |  |       |  |       |  |
| City   |  | State |  | Zip   |  |
| Country  |  |       |  |       |  |
| Telephone  |  |       |  | Email |  |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐ Applicant/Inventor

☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number 34,129

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Signature *William L. Brooks*

Typed or Printed Name William L. Brooks

Date August 7, 2008 Telephone (202) 478-7376

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.